

ADMINISTRATIVE PEDIATRIC

IDAHO EMS GUIDELINE
Administrative

ABUSE/NEGLECT

According to Title 16, Chapter 16 of Idaho Code, EMS personnel having any reason to believe that a child under the age of 18 has been abused, abandoned or neglected, or is being subjected to conditions or circumstances which could result in abuse, abandonment or neglect, are required to report or cause to be reported within 24 hours such conditions or circumstances to the proper law enforcement agency or the Department of Health and Welfare (IDHW).

FINDINGS THAT SUGGEST INFLICTED INJURY:

- Injuries of different ages located on face, ears, neck, back, thighs, genitalia, or buttocks
- Stocking or glove scald burns
- Burns to buttocks and genitalia
- Adult human bites
- Injuries with clear demarcation matching the shape of the item used
- Poor nutrition, poor care
- Delay in seeking treatment
- Vague, inconsistent, or changing history
- Child who is withdrawn, passive, or depressed. Does not look for comfort from parents
- Parents who are hostile or distant

1. Perform patient assessment.
2. Provide treatment appropriate to the injury or condition.
3. Protect the child.
4. Call law enforcement, if necessary, to get permission to treat and transport.
5. DO NOT question or accuse the parent or care giver.
6. Report your observations to the hospital staff.
7. Document a detailed descriptive *Patient Care Report* or run report describing the physical environment where the child was found, the child/parent interactions, and your physical findings in detail.
8. All health care providers are obligated by law to report cases of suspected child or vulnerable adult abuse or neglect to either the local law enforcement agency or the Department of Health and Welfare (IDHW) within 24 hours of discovery. The report to law enforcement or IDHW should be made in a manner that does not aggravate the situation or compromise the safety of the patient or the responders on scene.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and guidelines.

ADMINISTRATIVE PEDIATRIC

Special Considerations

FIRST RESPONDER AND EMT-B

A. Follow initial assessment guidelines for all patients

B. Emergency medical care:

1. Assess and maintain airway
2. Administer high flow oxygen
3. Be prepared to assist with ventilation, if needed
4. Treat any injuries, as needed
5. Take note of the surroundings and any unusual situations; but remember, your first priority is to provide needed care to the injured child
6. Explain treatment procedures to child
7. Report your findings and suspicions:
 - If Non-Transport agency- to law enforcement or DHW
 - If Transport agency- to law enforcement, IDHW and to the hospital staff, usually the physician taking over care
8. Record a detailed descriptive report; do not make a diagnosis of abuse. Simply describe your findings on the reporting form.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and guidelines.